

AD-A139 494

HEALTH SCREENING FOR REMOTE ASSIGNMENTS(U) ARMY HEALTH  
CARE STUDIES AND CLINICAL INVESTIGATION ACTIVITY FORT  
SAM HOUSTON TX HCS DIV T P FURUKAWA AUG 83 HCSD-83-005

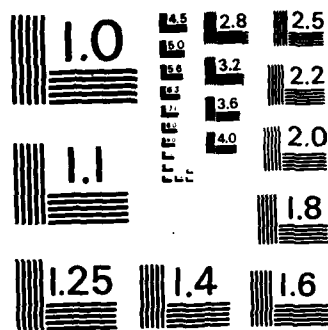
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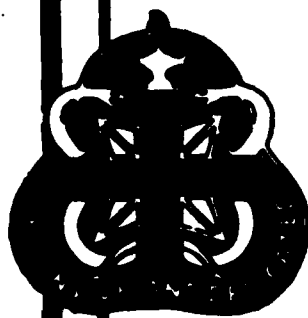
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United States Army  
Health Care Studies  
and



Clinical Investigation Activity

AD A139494

HEALTH SCREENING FOR REMOTE ASSIGNMENTS

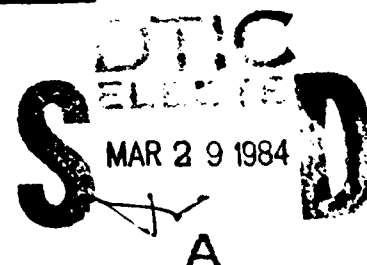
MAJ T. Paul Furukawa

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August 1983

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US ARMY  
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## 1. INTRODUCTION.

a. Purpose. The intent of this study was to identify and to assess available documentation of rates of premature reassignment from remote sites and to determine the implications of the findings for pre-assignment health assessment in CONUS. The study was requested by Deputy Chief of Staff for Professional Activities, Headquarters, US Army Health Services Command, Fort Sam Houston, Texas, for use in revising current policies and generating recommendations to higher headquarters.

### b. Background.

(1) US Army service members who fail to complete their overseas or remote domestic tours of duty for health reasons (either their own or their family members) present a potentially high financial and readiness cost to the military and a high personal cost to those military families.

(2) While cost figures for the premature return of military families are not readily available, an inspection of civilian equivalents is instructive. In 1978, civilian corporations operating in Southwest Asian countries estimated that every American middle level executive and his/her family which failed to remain the duration of it's contracted period cost the corporation \$50,000-\$75,000 to replace (Tucker, 1978). Such a premature return would often result in the employee being labeled "unreliable," thus jeopardizing his or her career potential with the corporation.

(3) Overseas and remote domestic assignment sites, by their nature, lack civilian medical resources to back up already lean and tailored military health resources. Health conditions which require premature reassignments from remote sites--due to their severity and high visibility--can tax both the Army medical and administrative systems. When these conditions occur at significant rates, there are strong indications for reassessing the adequacy of current pre-assignment health screening procedures.

## 2. OBJECTIVES.

a. Overall objectives. The overall objective was to determine whether or not the present requirements for the health, medical, dental, and psychiatric screening of the Army service members prior to remote area assignment need validation and updating.

### b. Specific objectives. The specific study objectives were:

(1) To determine whether or not a rate of premature reassignments from remote areas could be ascertained.

(2) To determine which requirements for the health screening of service members, if any, need further evaluation.

### 3. METHODOLOGY.

a. Overview. The data of this study were collected by means of literature review, interviews conducted on site visits, and written and telephonic correspondence.

b. Procedures.

(1) In order to determine whether or not a rate of premature reassignments could be ascertained, site visits were conducted to three Army installations in Alaska (Fort Wainwright, Fort Greeley, and Fort Richardson) and to Sierra Army Depot in northeastern California, in October 1979. These sites were recommended by the study adviser since they were geographically isolated from typical CONUS civilian resources and represented extreme ends of the climatic or cultural continuum. At each site, interviews were conducted usually following this sequence: interviews with the senior Army Medical Department representative, key health care clinical and administrative staff, selected representative of line command elements, and key officials of the local military personnel office. As a result of using that sequence, health problems that were identified by the chief AMEDD representative as important (due to the problem's frequency, preventability, or impact upon local health care resources) could be earmarked for discussion with subsequent interviewers.

(2) In order to determine which requirements for health screening would need further evaluation, the data resulting from the site visits were inspected for trends which could be linked with current screening requirements.

### 4. FINDINGS.

a. Agency responsibilities: MILPERCEN and OTSG

(1) There is no system-wide responsibility to collect or evaluate information concerning health-related reasons for premature reassignments from remote areas. Military personnel managed by the US Army Military Personnel Center (MILPERCEN), Alexandria, VA, are monitored for "tour deviation;" however, the six categories used to label both overseas and CONUS deviations do not separate health-related causes from other causes. These six categories of tour deviation (defined as being reassigned greater than 30 days before the planned permanent change of station) are illustrated in the table at Appendix A.

(2) The Office of the Surgeon General (OTSG) currently does not have the mission to monitor trends in health-related tour deviations. The Health Evaluation Coordinator in the Professional Services Office, OTSG, reported that the adequacy of health screening for overseas or remote assignments does not become an issue of concern until an overseas commander requests an official inquiry. These inquiries which are infrequent are usually based upon the arrival of a significant number of medically unqualified soldiers at the same time and often from the same losing command. In other words, while individual medical treatment facilities or local installation military personnel offices



may take upon themselves the compiling of data to confirm trends, there has been identified no requirement for systematic collation or comparison of health-related reassignment data at a higher level.

b. Site Visits.

The site visits with health service providers, personnel officers, command representatives, and selected soldiers and family members revealed no consistent trends concerning gaps in health screening at Fort Wainwright, AK (N=25), Fort Richardson, AK (N=20), Fort Greeley, AK (N=10), and Sierra Army Depot, CA (N=15). Certain diagnostic categories of patients were monitored more carefully than others due to unique climatic conditions (for example, previous frostbite injury) or due to the health specialties of the hospital staff (for instance, asthma or emotional depression). The routine methods of tabulating patient diagnoses and personnel actions, however, resulted in isolated case vignettes rather than patterns of health-related problems. In the case of Sierra Army Depot, the number of requests for assignments to the site unexpectedly far exceeded the number of request for transfers away from the Depot for family-related concerns, namely, local born soldiers desiring an assignment near aging or farmbound parents.

5. CONCLUSIONS.

a. There presently are no standard methods of documenting the rate of premature reassignments for health reasons at the Department of the Army or the major command levels. The data compiled by MILPERCEN documents administrative reasons for early returns from overseas, of which health-related causes could constitute no more than 0.3% of those persons assigned.

b. Site visits to selected remote assignment posts produced instructive case example but no data sufficient enough to identify trends or patterns.

6. RECOMMENDATIONS:

a. Due to the absence of clear documentation of a significant rate of premature assignments from overseas or remote sites for health reasons, that the present study be terminated.

b. That future attempts to establish a data base for health screening for remote assignments begin with units of the new manning (regimental) system or with units which deploy frequently on field exercises.

7. REFERENCE.

Tucker, Michael F. "Who should be assigned overseas?"  
The Bridge. Spring 1978, p. 2-4.

APPENDIX A

EARLY RETURN FROM OVERSEAS MORE THAN  
30 DAYS PRIOR TO DEROS

REASON	EM (First Term)	EM (Career)	Officer (First Term)	Officer (Career)
1. Separation/Retirement	0	32	0	2
2. Disqualification, Retaining, Deletion	14	30	0	8
3. Humanitarian	53	81	2	7
4. Mission - Essential	389	510	9	76
5. Service Schooling, Civilian Schooling	0	2	0	45
6. Re-enlistment/Command Opportunity	309	451	0	8
Total	765	1106	11	145
	(A)	(B)	(C)	(D)

NOTE: From:  
DCSPER  
HQDA

(A) 35,514  
Assigned  
In Europe

(B) 28,366  
MILPERCEN Managed  
Soldiers  
Period FY 79 4th Quarter

(C) NA

(D) 2973  
(all soldiers  
except AMEDD,  
JAG, Chaplain  
Period FY 79  
4th Quarter )

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